



Attorney Docket No. 061602-0250 (NC13042) AF ZH \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HANSEN et al.

Title: A METHOD OF AND A
NETWORK FOR HANDLING
WIRELESS SESSION
PROTOCOL (WSP) SESSIONS

Appl. No.: 09/674,329

Filing Date: December 22, 2000

Examiner: Cho, Hong Sol

Art Unit: 2662

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.	
Susan T. Golab (Printed Name)	<hr/>
<i>Susan T. Golab</i> (Signature)	
October 12, 2005 (Date of Deposit)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated June 28, 2005, and in the Advisory Action dated September 9, 2005, finally rejecting Claims 17-37.

[] Applicant claims small entity status.

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Notice of Appeal Fee

[X] To be paid as detailed below

[] Not required (Fee paid in prior appeal)

10/17/2005 TLUU11 00000001 061450 09674329
01 FC:1401 500.00 DA

10/17/2005 TLUU11 00000001 061450 09674329
02 FC:1251 120.00 DA
CHIC_1299077.1

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$620.00

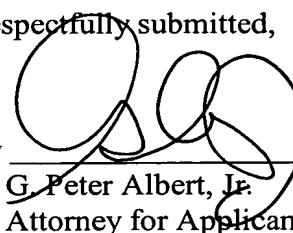
Please charge Deposit Account No. 06-1450 in the amount of \$620.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$_____ is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date OCTOBER 12, 2005
 FOLEY & LARDNER LLP
 Customer Number: 27433
 Telephone: (312) 832-4553
 Facsimile: (312) 832-4700

Respectfully submitted,

 By G. Peter Albert, Jr.
 Attorney for Applicant
 Registration No. 37,268